MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR US TH FORM PTO-875)

SERIAL NO. APPLICANT(S)

FILING DATE

CLAIMS AS FILED AFTER (703) 305-8421 AFTER I*AMENDMENT 2 MAMENDMENT AFTED IND. DEP. IND. DEP. IND. DEP.

PTO-1160 INEV LIMIS

	1		A C DVV		AFTER AFTER			
			AS FILED		AF 1 ^e ame	NOMENT I RK	AFTER	
			IND.	DEP.			2 MAMENDMENT	
	51	٦	ATTD.	DEP.	IND.	DEP.	IND.	DEP
	52	7						
•	53	7						
	54							
	55							
	56	T						
	57	\perp						
	58	4.						
	_ 59	4						
	60	- -						
	61	╀						
	62 63	╁						
	64.	╁					 	
	65	╁						
	66	†-						
	67	1-						
- 1	68	1-						
[69	1						
L	70				 -			
-	71							
ŀ	72							
-	73	_						
-	74	_						
ŀ	75 76		_					
- 1	77							
- t	78							\dashv
-	79 .		 -					
	80	_						
	81							
L	82	_						
 	83							
 -	84							
` -	85						- -	
-	86)			- -	—
· -	87 88							
-	89							\dashv
	90							\neg
	91			— <u> </u>	_ _			
	92		_					
	93 .						`	
	94						_	_
L	95			_				
<u> </u>	96			_			 	
	97							
_	98					1-		\dashv
_	99					1-		\dashv
	100							\dashv
TOT	AL IND		_ \ \$.	18		la la	\dashv
тот	AL DEP		*	 	」,❤	·] 4	.
	TAL		1				4=	1
α	ADUS				1		19830	5
			U.S. DE	ARTMENT .	18868	<u>w</u>		壓
				EN (a	COMMERC	Œ		